



# Application for Employment

Please Print

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Last First Middle

Address \_\_\_\_\_

Street City State Zip Code

Telephone # (\_\_\_\_) \_\_\_\_\_ Mobile/Beeper/Other Phone # (\_\_\_\_) \_\_\_\_\_

Are you legally eligible for employment in this country? Yes  No

Date available for work \_\_\_\_ / \_\_\_\_ / \_\_\_\_ What is your desired salary range? \$ \_\_\_\_\_

Employment desired : Full-Time  Part-Time  Unit interest: Inpatient, Intermediate, Intensive Care, OR Shift: 1<sup>st</sup>-2<sup>nd</sup>

Have you ever pled "guilty" to, or been convicted of a crime? Yes  No

If yes, please provide date(s) and details \_\_\_\_\_

Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

**Employment History-- Please do not write "see resume". Fill out entire application.**

From	To	Employer	Telephone # ( )
Starting job title/final job title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		If no, why not?	
Reason for leaving		Hourly rate/salary Start \$ _____ Per _____ Final \$ _____ Per _____	
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**Licensing/Certificate(s)**


**Skills and Qualifications**

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

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**Educational Background**

Name and Location	Number of Years completed	Did you graduate?	Course of study
High School			
College			Major Degree
Vocational			
Other			

**References**

Name	Telephone	Number of years known

**Applicant Statement**

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any for employment.

I understand this application remains current for only 6 months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that it is the Company's written policy to test for controlled substances and, as such, the Company has the right to require employees to be drug free so that the Company can maintain a safe work environment. Therefore, I give my consent to allow the Company to take any necessary specimens to test for any controlled substances. I understand that any test is a condition of my employment. I authorize any physician, laboratory, hospital or medical professional retained by the Company to release the results of the test to the Company or any authorized person affiliated with the Company in accordance with the law. I release any such institution or person conducting the test, the Company and any authorized person affiliated with the Company from any liabilities that may result from this test. If I refuse to comply with the written policy or the results of the test are positive, this may be grounds for the Company to deny or terminate my employment.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

**Signature of Applicant**

**Date**

\_\_\_\_\_

\_\_\_\_\_

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